

Massachusetts Office for Victim Assistance
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Drunk Driving Trust Fund (DDTF)

FISCAL YEAR 2004 STATISTICAL REPORT

Report Period:

_____ October 1-January 31

_____ February 1- June 30

Report Due Date:

1st Period due on or before February 15th

2nd Period due on or before July 15th

Instructions: Please complete the following report related to services provided under the DDTF grant. It is important that you carefully read the detailed directions and reporting guidelines that precede this document *before* completing each section.

Today's Date: _____

Agency Name: _____

Program Title: _____

Contact person for this report: _____

Telephone: _____ FAX: _____

E-mail: _____

Direct all statistical documents and/or inquiries to Kara Johnson, Chief of Staff at 617-727-0098, or Kara.Johnson@state.ma.us . Please use the above address for mailings.

Drunk Driving Trust Fund (DDTF) STATISTICAL REPORT

***** INSTRUCTIONS *****

All statistics must represent services provided by persons funded by DDTF funds.

SECTION 1: TOTAL PRIMARY VICTIMS AND SIGNIFICANT OTHERS SERVED

Directions: In the appropriate categories, indicate the total number of primary victims and significant others who received services or education, outreach, or training by a DDTF-funded project during this period. Note a "Unit of Service" in section C equals one hour. Each Unit should be counted to the nearest quarter (.25). **Each client may be counted only once.**

Individuals who indirectly benefited from a service performed on behalf of a primary victim may not be counted on this statistical report. For example, DDTF-funded staff may assist a woman in obtaining victim compensation, and she would be counted as a primary victim. Unless her children directly receive services from DDTF-supported staff; they should not be counted as victims or significant others.

DEFINITIONS

A. NEW CLIENTS - A client is new if he/she has not previously received services from your program.* If an ongoing client is re-victimized by a different perpetrator or victimized by a different crime, she/he should be counted as a new client.

B. ONGOING CLIENTS - A client is ongoing if he/she has previously received services during the current fiscal year or previous fiscal years.

C. Education, Prevention, Outreach and Training Activities- Unit of service is equal to one hour of service. Units should be broken down to the nearest quarter unit, (.25). Any information that is not able to be captured in units can be reported in the narrative section.

*** PLEASE NOTE – The first period of the DDTF grant all clients will be counted as new, for subsequent years ongoing clients will not be counted as new regardless of the grant year.**

SECTION 1: TOTAL PRIMARY VICTIMS AND SIGNIFICANT OTHERS SERVED

A. NEW CLIENTS SERVED THIS PERIOD

Type of Client	Number of Primary Victims	Number of Significant Others
1. New Counseling clients		
2. New Advocacy clients		
Total of 1 + 2 =		

TOTAL A = (New Primary Victims + New Significant Others)	
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B. ON-GOING CLIENTS SERVED THIS PERIOD

Type of Client	Number of Primary Victims	Number of Significant Others
3. On-going Counseling clients		
4. On-going Advocacy clients		
Total of 3 + 4 =		

TOTAL B = (Ongoing Primary Victims + Ongoing Significant Others)	
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C. Education, Prevention, Outreach and Training activities (1 hour = 1 Unit)

Activity	Units	Number of attendees/participant
1. Prevention/Education Activity		
2. Training		
3. Outreach		
Total of 1 + 2 + 3 =		

* Please note there will be an opportunity to describe in narrative all awareness raising efforts such as billboards and PSAs which cannot be quantified here.

SECTION 2: DIRECT SERVICE DELIVERY (ALL NEW AND ON-GOING CLIENTS)

Directions: In the appropriate category, indicate the number of new and on-going *victims* and *significant others* that received each service this period. Be sure to consider all services provided to the victim. For example, DDTF staff may have provided group counseling and legal advocacy. You should include that person in your total *for each category*.

DEFINITIONS

1. **Individual Counseling** - refers to in-person crisis intervention, emotional support, guidance and counseling provided by advocates, counselors, or mental health professionals. Such counseling may occur at the scene of the crime, immediately after a crime, ***or may be provided on an ongoing basis.***
2. **Group Counseling** - refers to the coordination and provision of supportive group activities and includes facilitated therapeutic groups, self-help, social support, etc. ***Report the number of participants in each group session provided this reporting period. Do not count the same participant twice.***
3. **Hotline/Telephone Counseling** - refers to any counseling/support provided over the telephone.
4. **Case Management** - refers to any collective service delivery that includes advocacy, referral, case consultation and support.
5. **Peer Support** - refers to any counseling setting or activity that is peer driven and/or peer facilitated.
6. **Crisis Counseling Response Team** - refers to a specific intervention to an OUI crash that involves a community crisis counseling response team (CCRT).
7. **Criminal Justice Support/Advocacy** - refers to support or advocacy provided to clients at any stage of the criminal justice process, including post-sentencing services and support.
8. **Emergency Legal Advocacy** - refers to filing temporary restraining orders, injunctions, and other protective orders, including but not limited to supporting a victim during a criminal prosecution.
9. **Medical Advocacy** - includes advocacy performed on behalf of a client in a medical setting or when dealing with medical personnel, or a direct service such as a medical evaluation.
10. **Personal Advocacy** - refers to assisting victims in securing rights, remedies, and services from other agencies; ***locating emergency financial assistance***, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, welfare, etc.; ***accompanying the victim to the hospital (not to be confused with #9).***
11. **Information and Referral** - refers to in-person or telephone contacts with victims during which time services and available support are identified. *When counseling services are the primary function of the call please refer to #3.*
12. **Other** - refers to other **DDTF** services and activities not listed. In the space provided, please specify what services were provided to or received by the client.

Counseling

Type of Service Provided	Primary Victims		Significant Others	
	New	Ongoing	New	Ongoing
1. Individual Counseling				
2. Group Counseling				
3. Hotline/Telephone Counseling				
4. Case Management				
5. Peer Support				
6. Crisis Counseling Response Team				
7. Other Counseling (specify)				
Totals of 1 through 7 =				

Advocacy

Type of Service Provided	Primary Victims		Significant Others	
	New	Ongoing	New	Ongoing
1. Criminal Justice Support/Advocacy				
2. Emergency Legal Advocacy				
3. Medical Advocacy				
4. Personal Advocacy (housing, public assistance, worker's comp., etc.)				
5. Information and Referral				
6. Other Advocacy (specify)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Totals 1 through 6 =				

SECTION 3: EDUCATION, PREVENTION, TRAINING AND OUTREACH ACTIVITIES

Activity- Name the actual activity that is occurring, i.e. *volunteer training*

Number of Units- 1 hour = 1 Unit; Mark the unit to the nearest quarter

Description- Provide a summary of the activity

Any activity that you are unable to capture in the chart below can be included in the narrative section.
(Please copy this page if more space is needed)

Activity	Number of Units	Number of attendees/ target audience	Location (city/town)	Description
Example 1. Volunteer group facilitation training	4	15 Volunteers from the community	Lynn	Training on working with family members of OUI victims, specifically group facilitation skills.
Example 2. Health Fair	3.5	50 teens attended high school health fair	Medford	Medford High School Health Fair, handed out victim services information and provided general information on the dangers of OUI.
3.				
4.				
5.				

6.				
7.				
8.				
9.				
Calculate total number of units provided and total participants reached	Total Units:	Total Participants:		

SECTION 4: VICTIMS SERVED BY TYPE OF CRIME

This refers to the type of crime the victim or significant other's victim experienced in section 1 and 2.

(new clients or newly disclosed crimes only)

CRIME	Primary Victims		Significant Others	
	Female	Male	Female	Male
1. Motor Vehicle OUI Injury				
2. Motor Vehicle OUI Homicide				
3. Other (specify)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL of 1 + 2 + 3 =				

SECTION 5: CIVIL RIGHTS COMPLIANCE (new clients only)*

A. DISABILITY

Directions: In the appropriate category, note whether the client is physically or mentally disabled/impaired. The definition of disability includes any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. This information is required for new clients this period only, or for clients for whom a disability/impairment was not previously reported. It is also important that disabilities not visible or readily apparent (e.g. epilepsy, hearing impairment, auditory impairment) be counted. The information a client provides will assist you in providing appropriate services to them.

Physical or Mental Disability	Primary Victims		Significant Others	
	Female	Male	Female	Male
YES				
NO				
Unknown				
TOTAL =				

B. RACE/NATIONAL ORIGIN

Directions: In the appropriate category, note the race/national origin of all new clients this period. Please make every effort to obtain this information from all telephone clients. The information they provide will assist you in providing any culturally sensitive services to the client.

Race/National Origin	Primary Victims		Significant Others	
	Female	Male	Female	Male
Black				
Caucasian				
Hispanic/Latino				
Bi-Racial				
Cape Verdean				
Haitian				

Portuguese/Azores				
Asian/Pacific Islander				
Native American/Alaska Native				
Other (specify)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Unknown				
TOTAL =				

C: AGE and GENDER

Directions: In this section, please note the gender and age of the victim. Report for all new clients this period. Please make every effort to gather this data especially in cases where the only contact with the victim is over the telephone.

Age (in years)	Primary Victims		Significant Others	
	Female	Male	Female	Male
0 – 5				
6 – 12				
13 – 18				
19 – 35				
36 – 59				
60 – 74				
75 – +				
Unknown				
TOTAL =				

* Civil Rights information is used for statistical purposes only.

Please note: The total for each civil rights category should equal the total for "New Clients" documented in Section 1A.

SECTION 6: NARRATIVE

Please answer the following four questions as they pertain to your DDTF grant.

1. Please describe any media/awareness campaigns or outreach efforts that you were unable to capture in Section 3. Please include as much detail as possible regarding content of outreach efforts, target audience, and any outcome measures that were a direct result of your efforts.

2. Please take this opportunity to describe any barriers you have experienced in reaching or serving victims of OUI injury or OUI homicide.

3. Please note any barriers you have experienced through the DDTF grant regulations that have hindered your ability to serve victims of OUI injury or OUI homicide.

4. Finally, please include any additional information that has not been covered in other sections that your program would like to highlight.

SECTION 7: PROGRAM UPDATE

Directions:

In this section please explain any program updates or changes regarding your DDTF-funded staff, DDTF Program, or fiscal management of the DDTF Program during the past period.

STAFFING: This includes resignations, hires, or internal changes in responsibilities of DDTF-funded staff, Executive Director, Chief Financial Officer/Business Manager, and/or administrative support staff. **Please send in resumes and start dates for all newly hired staff paid with DDTF funds.**

Please note: *it is required that this information be submitted to MOVA within 2 weeks of any staffing change; it is mentioned here as a reminder to submit this information if it has not been submitted already.*

PROGRAM: Please explain if direct services were not provided or were provided at a reduced level due to changes in staff or for other reasons. Report any change in facility/location of the agency. Also, please include a complete list of board members, if there have been any changes.

Please Note: All budget request changes should be submitted in writing and sent to the attention of David Ko, Assistant Financial Manager, for approval. This needs to be done under separate cover, and prior to any budget change occurring.

Thank you for completing this report in a timely and accurate manner.